NAGARIK SAMABAY BANK LIMITED
Guwahati, Assam
ACCOUNT OPENING FORM
(Application cum specimen Signature Card)

The Branch Manager **Date:.....**
Nagarik Samabay Bank Ltd.
.....Branch
I/We request you to open a

☐ **Savings Bank Account**	☐ **No Frills Savings Account**	☐ **Current Deposit**
☐ **Fixed Deposit**	☐ **Recurring Deposit**	☐ **Others....**

Under.....Deposit scheme.

For Savings/ No Frills/ Current Deposits.

With initially Deposit Rs.....(Rupees.....)only by
☐Cash ☐Cheque . Cheque No

For Fixed Deposits

With initially Deposit Rs.....(Rupees.....)only for .....years.....months.....days with interest pay out on ☐monthly/ ☐ quarterly /☐on maturity to be credited to the account number..... and with ☐auto renewal/ ☐without auto renewal basis.

For recurring deposits

With Rs..... (Rupees.....)only per month for .....years/ months.

Facilities Required

☐ATM cum Debit Card ☐SMS Alerts If yes Mobile No:
☐ Statement Reqd. Monthly/ Quarterly /Yearly ☐other(pls specify)

Details of the 1st Applicant

Name :
Address :

PO: PS: Pin Code:
Date of Birth : Sex : ☐Male/ ☐Female/ ☐Others Marital Status : ☐Married/ ☐Unmarried
Occupation : Email ID :
Mobile No : Phone No :

Details of the 2nd Applicant

Name :
Address :

PO: PS: Pin Code:
Date of Birth : Sex : ☐Male/ ☐Female/ ☐Others Marital Status : ☐Married/ ☐Unmarried
Occupation : Email ID :
Mobile No : Phone No :

Details of the 3rd Applicant

Name :

Address :

PO: PS: Pin Code:

Date of Birth : Sex : ☐Male/ ☐Female/ ☐Others Marital Status : ☐Married/ ☐Unmarried

Occupation : Email ID :

Mobile No : Phone No :

Mode of operation

☐By Self ☐jointly by us ☐ by Guardian on behalf of Minor

☐ By former or Survivor ☐Either/any one of us or survivors ☐other(pls specify)

Photo of 1st Applicant	Photo of 2nd Applicant	Photo of 3rd Applicant
Signature of 1st Applicant	Signature of 2nd Applicant	Signature of 3rd Applicant

Form DA-1

Nomination under Section 45ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking (Nomination) Rules 1985 in respect of Bank Deposit I/ We..... nominate the following person(s) to whom in the event of my/ our/ minor's death the amount of deposit in the above cited Account, may be returned by Nagarik Samabay Bank Ltd..... .....Branch.

Particulars of Nominee

Name	Address	Relationship with Depositor, if any	Age	If nominee is minor his/her date of birth

#As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum.....

.....(Name, Address and Age) to receive the amount of the deposit on behalf of the nominee in the event of my/ our/ minor's death during the minority of the nominee.

Place :

Date : **Signature of the Applicant (s)**

I/We hereby declare that the above mentioned information are true to the best of my knowledge and also I/We declare to abide by the rules and regulations of the bank relating to the conduct of the above accounts / services/ products /Fee & charges.

Signature of the Applicant (s)

For office use

KYC Risk rating ☐Low Risk/ ☐Medium Risk ☐High Risk

I/We have verified the documents submitted and confirm that KYC Norms are fully complied with. Account may be opened

Authorized Signatory **Branch Manager**